

# Sally Dec. Update

December 6, 2024

Draft ~ This is not a report!

## **A Quantitative Analysis of Patient Throughput in Maine**

This file contains figure options for most of the questions. They are all simply ideas and drafts and can be refined over the next few weeks.

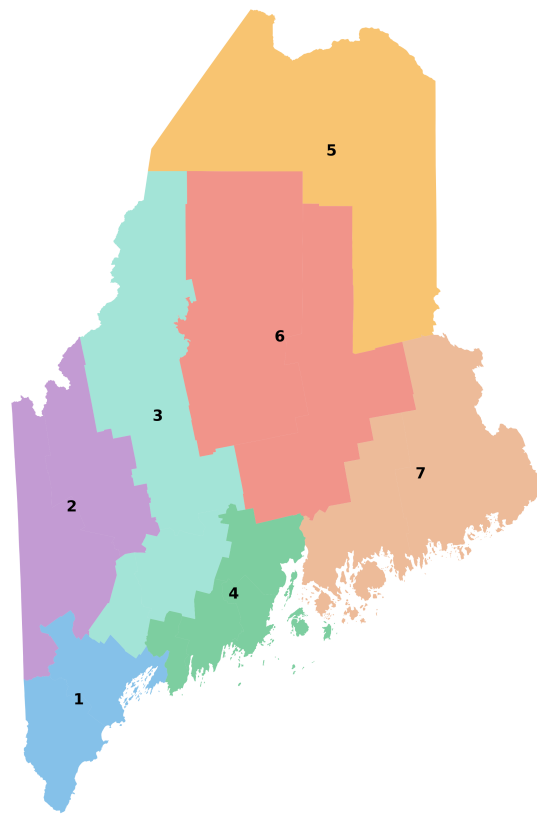
Our current thinking is that we can use maps to display the grand overview of the situation and various other figures/tables to communicate specifics. We do not think we need to keep everything in this file. We present it all to get your input and feedback. This file also does not contain contextual explanations, which we'll fill in later.

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### **Region Definitions**

This figure just meant to show how we are defining the regions throughout the analysis.

### Region Boundaries



### Hospitals in Maine

The figure shows the geographic location of all the reporting hospitals. This analysis is based on the responses of 25 hospitals throughout the state of Maine.



## *Section 1: Questions Related to Patients Awaiting Discharge to SNF, LTC, RCF, and Home Health.*

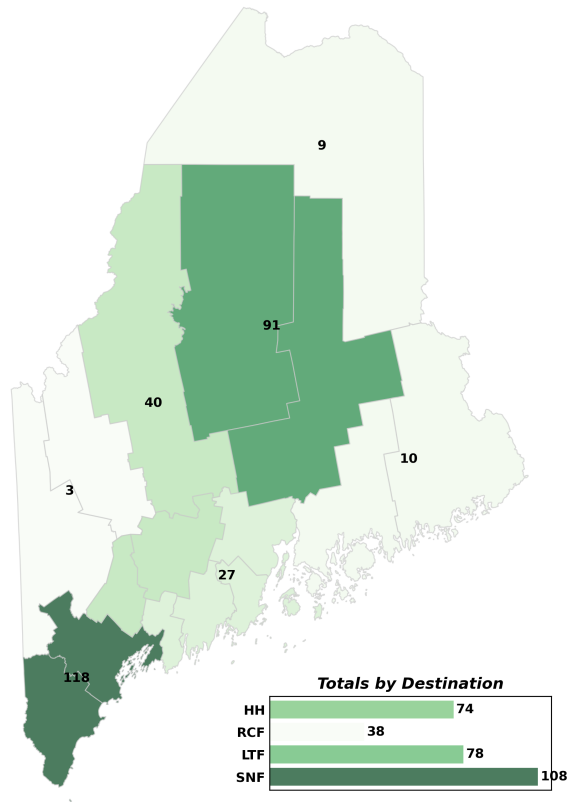
### **Patient Throughput Overview By Region**

This figure is meant to give an overview of the situation and setup the rest of the analysis. The colors and other aspects of the figure can of course be changed.

## Patients Awaiting Discharge by Region

Number of Hospitals Reporting: 25

**Statewide Total: 298**

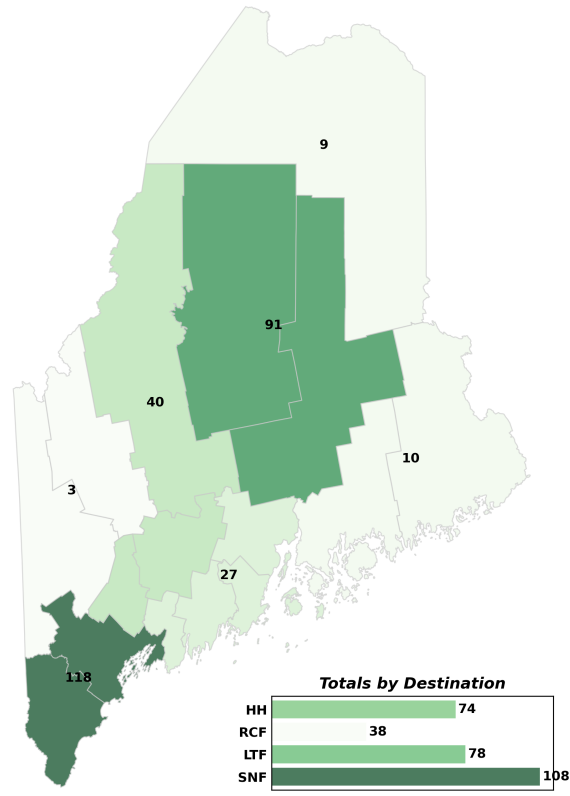


## Patient Throughput Overview By County

### Patients Awaiting Discharge by Region

Number of Hospitals Reporting: 25

**Statewide Total: 298**

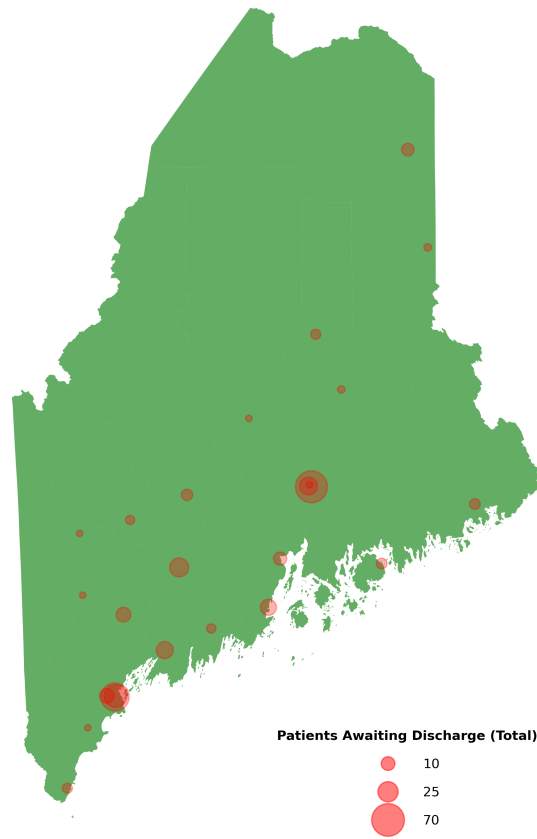


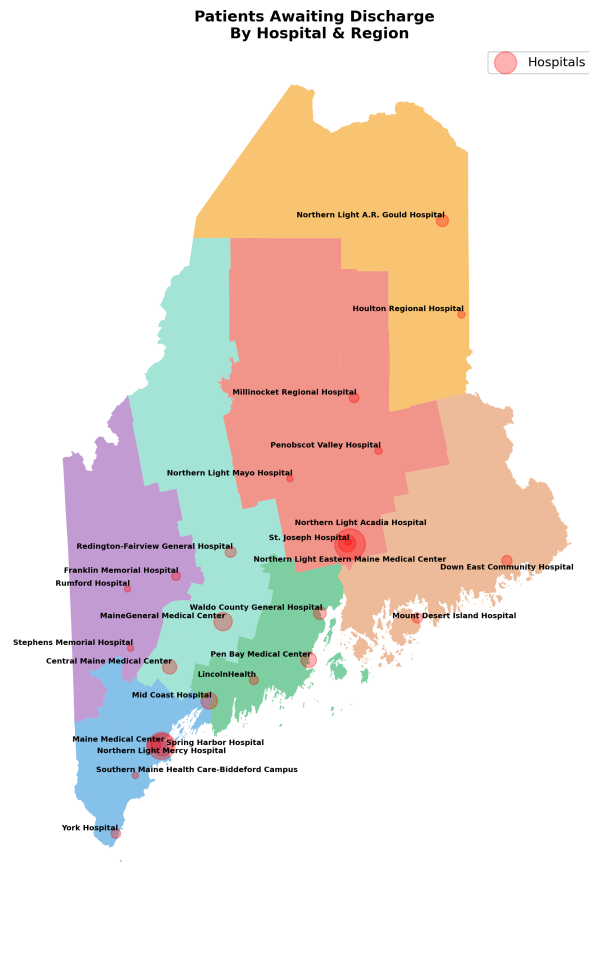
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## Patient Throughput Overview By Hospital

These next figures display summaries of patients awaiting discharge by hospital.

### Patients Awaiting Discharge by Hospital



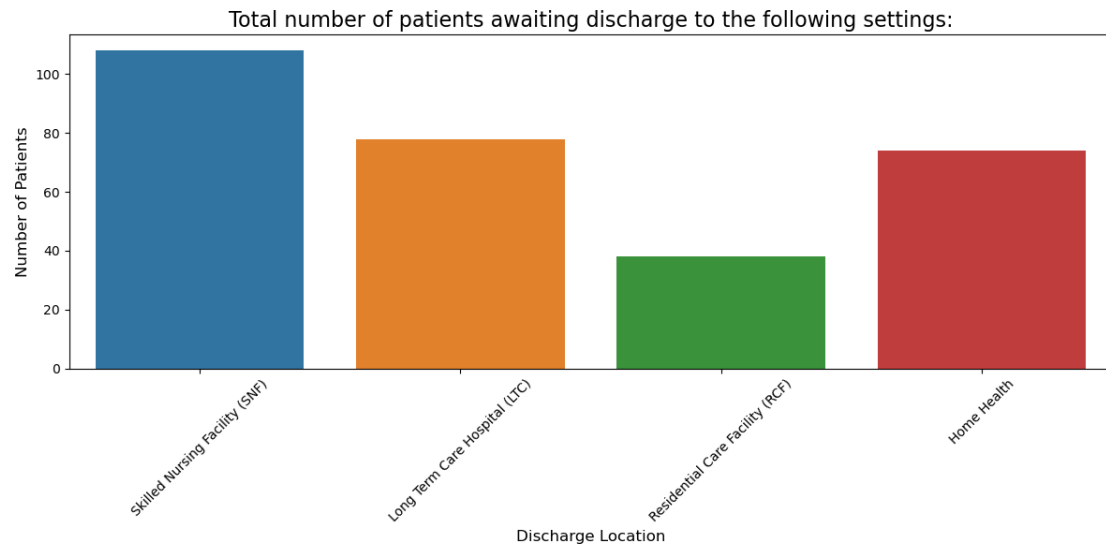


## Figure Options for Individual Questions

This sections goes through the questions generating various figure options for display.

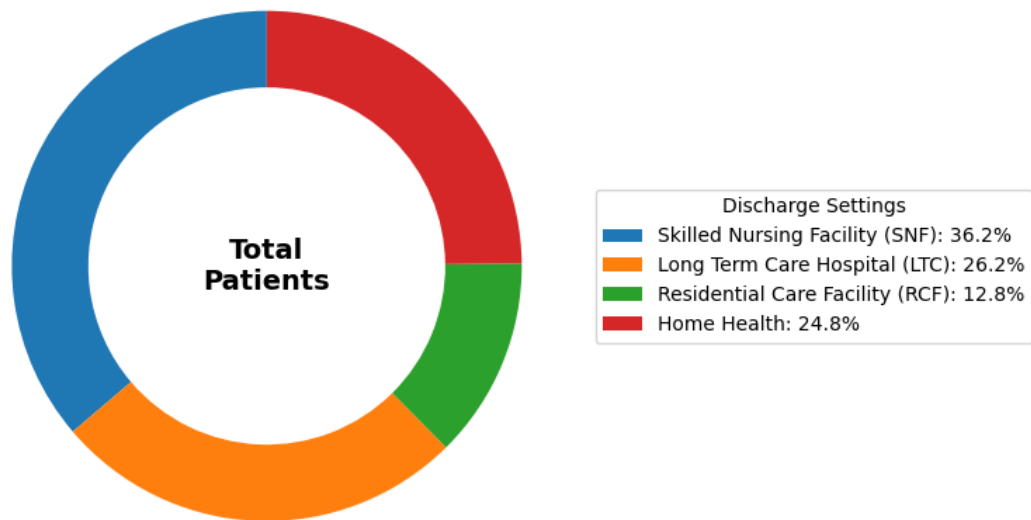
### Question 1:

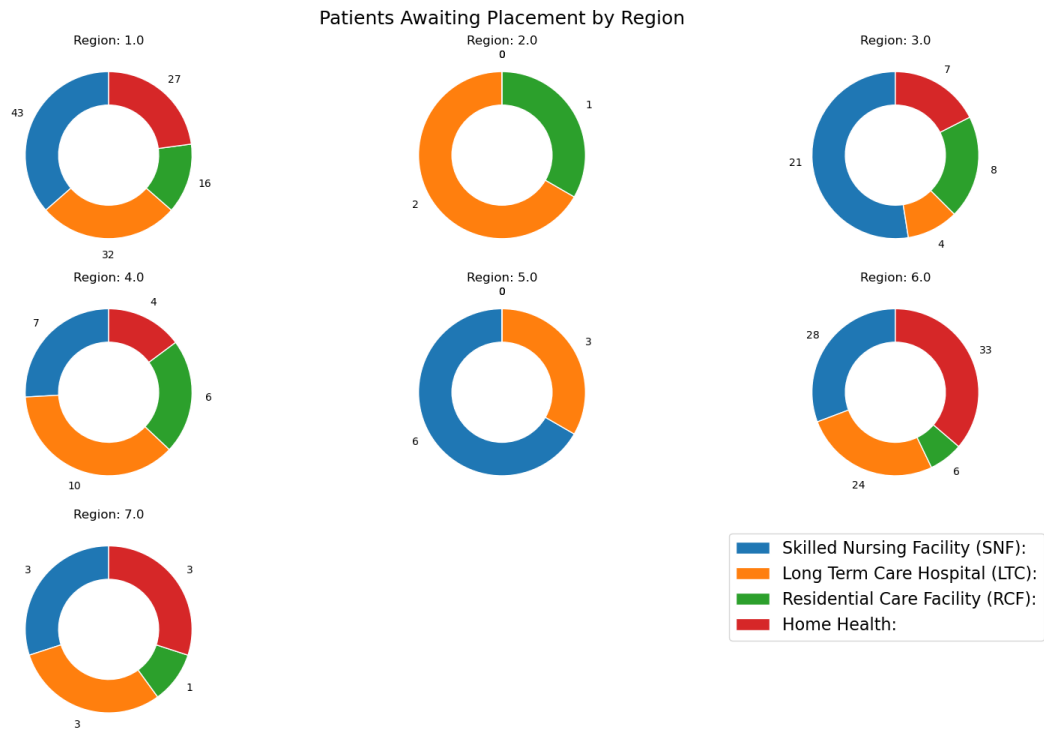
Total number of patients awaiting discharge to the following settings	Number of patients
Skilled Nursing Facility (SNF)	108
Long Term Care Hospital (LTC)	78
Residential Care Facility (RCF)	38
Home Health	74





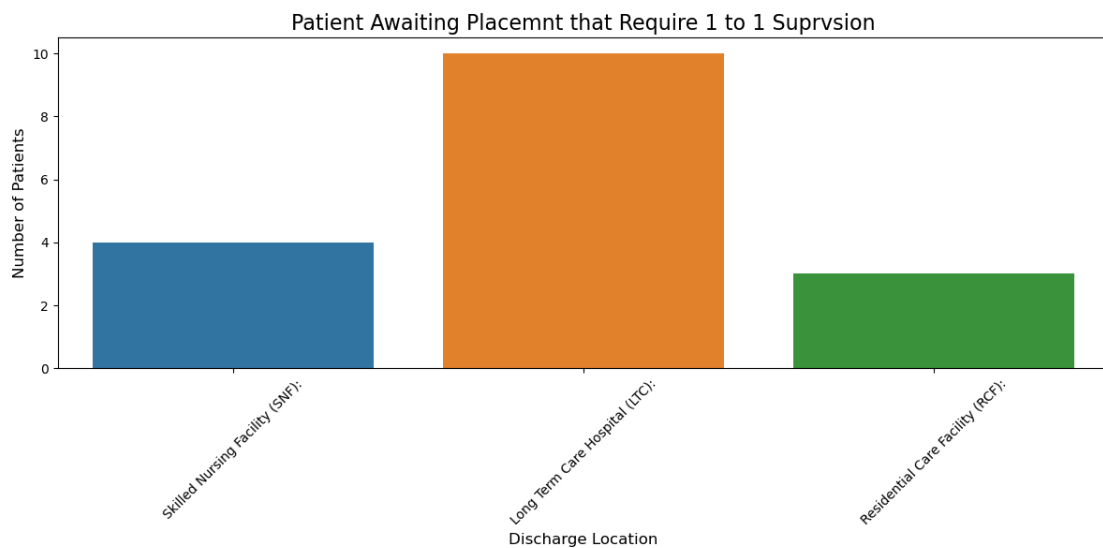
## Number of Patients Awaiting Discharge





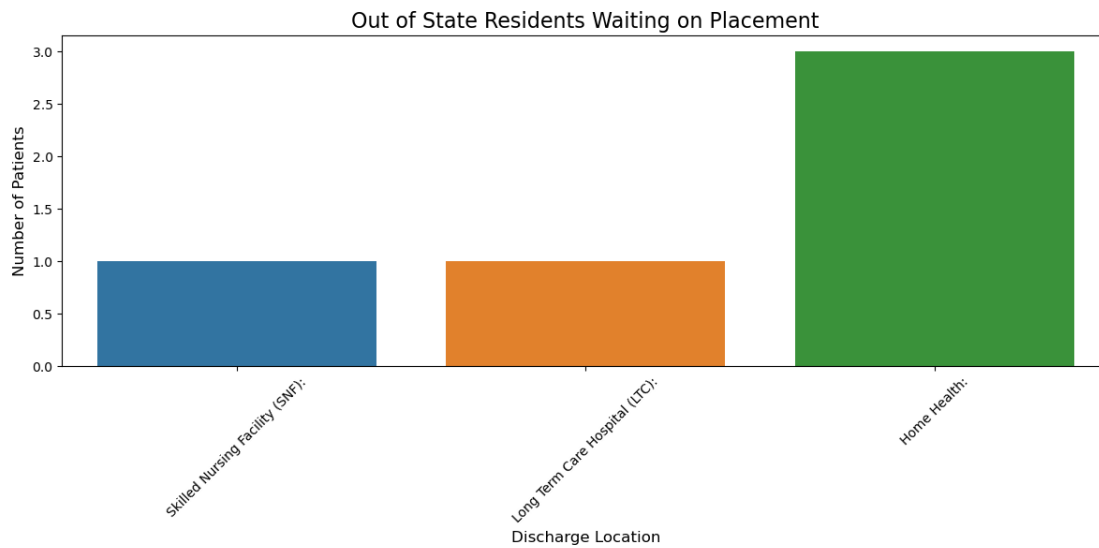
## Question 2:

Patient Awaiting Placemnt that Require 1 to 1 Suprvsion	Number of patients
Skilled Nursing Facility (SNF):	1
Long Term Care Hospital (LTC):	1
Home Health:	3

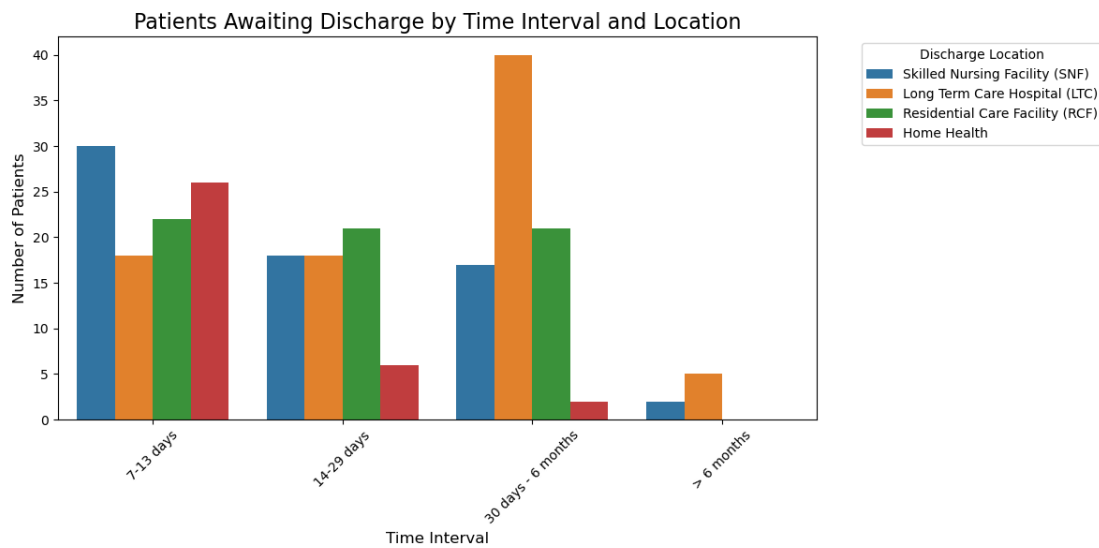


### Question 3:

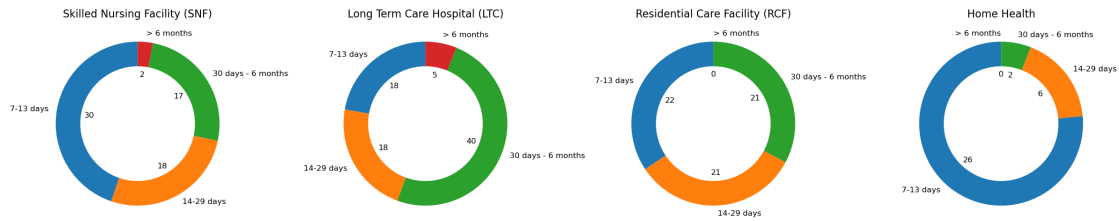
Out of State Residents Waiting on Placement	Number of patients
Skilled Nursing Facility (SNF):	1
Long Term Care Hospital (LTC):	1
Home Health:	3



### Questions 4-7:

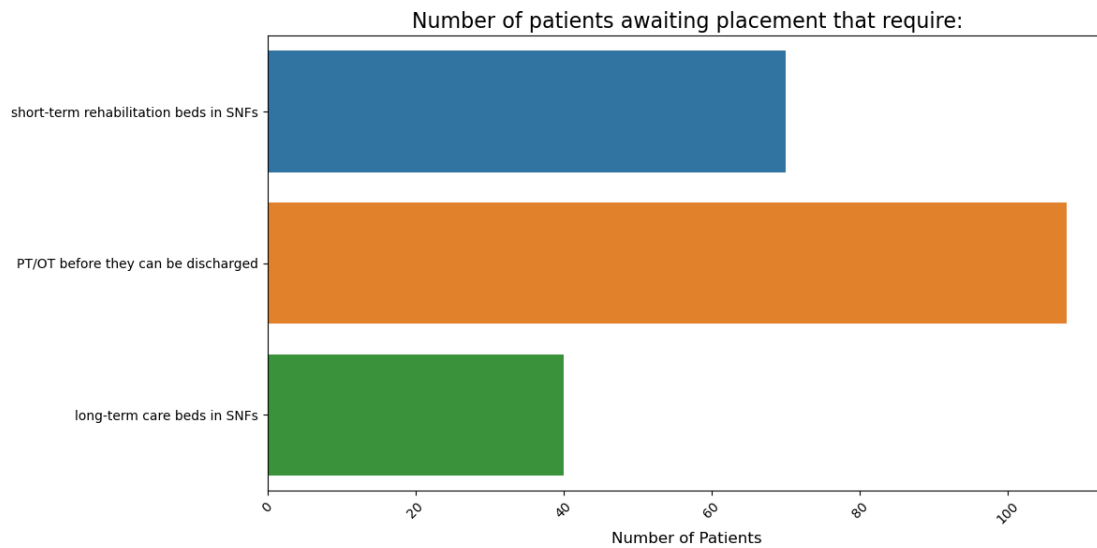


Wait Times by Discharge Location



### Questions 8-10:

Number of patients awaiting placement that require:	Number of patients
Short-term rehabilitation beds in SNFs	70
PT/OT before they can be discharged	108
Long-term care beds in SNFs	40



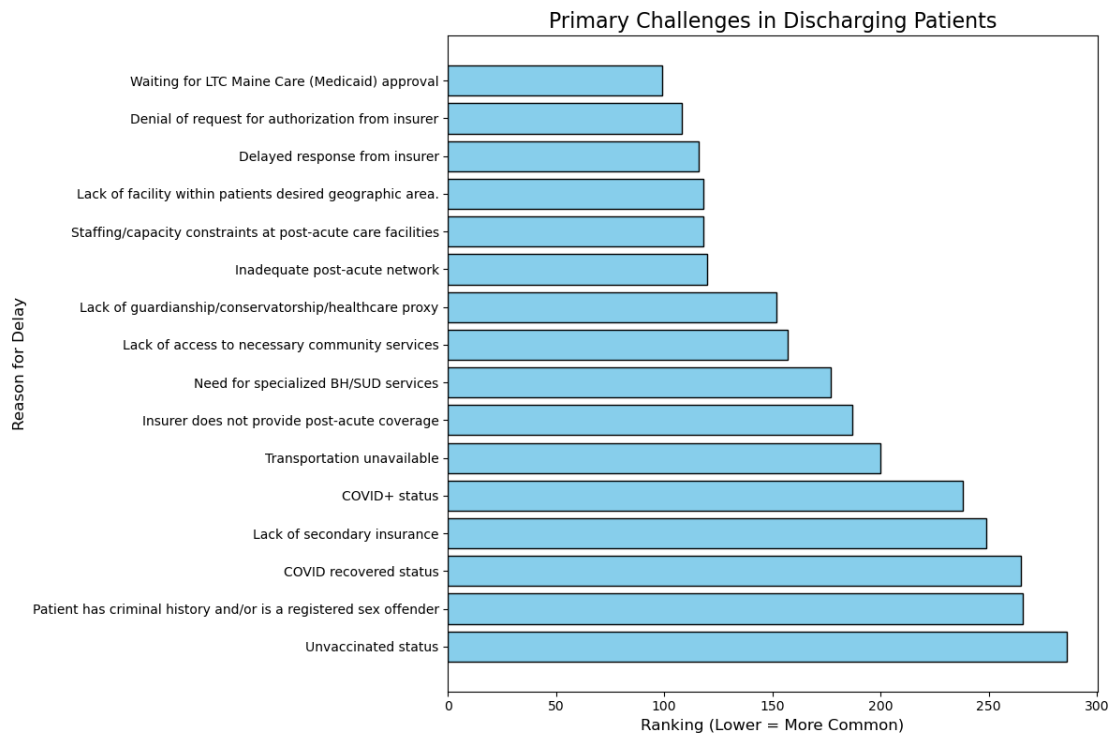
Of the patients awaiting discharge:	0
Number awaiting discharge to snf beds with geri-psych capabilities	14
Number of patients awaiting discharge who require snf care and tracheostomy and percutaneous endoscopic gastrostomy (ie. "trached & peged")	6
Number of patients with dementia diagnoses awaiting discharge who require snf care in a secure facility	28

Of the patients awaiting discharge:	0
Number of patients who are waiting for placement due to an inability to find an appropriate facility within their geographic area	95

Location	Number of patients awaiting discharge to facilities with Alcohol Use Disorder/Substance Use Disorder capabilities, which may include, but are not limited to, providing IV antibiotics and SUD/OD treatment
Home Health Long Term Care Hospital (LTC) Residential Care Facility (RCF) Skilled Nursing Facility (SNF)	1 3 6 2

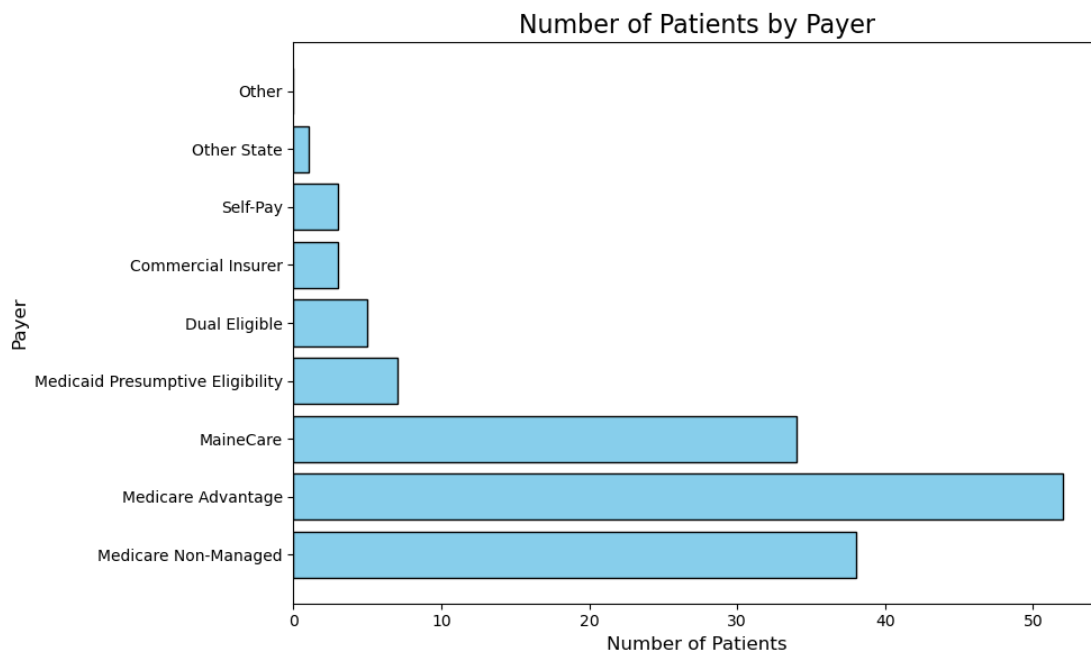
Location	Number of patients awaiting discharge with Substance Use Disorder (SUD) for the whom the barrier is the facility's ability to coordinate methadone/suboxone for the patient
Home Health Long Term Care Hospital (LTC) Residential Care Facility (RCF) Skilled Nursing Facility (SNF)	0 1 1 2

## Question 21:



## Question 22:

Payer	Number of Patients
Medicare Non-Managed	38
Medicare Advantage	52
MaineCare	34
Medicaid Presumptive Eligibility	7
Dual Eligible	5
Commercial Insurer	3
Self-Pay	3
Other State	1
Other	0



## ***Section 2: Other Questions Pertaining to Discharge to Shelters, Hemodialysis & Transport Issues***

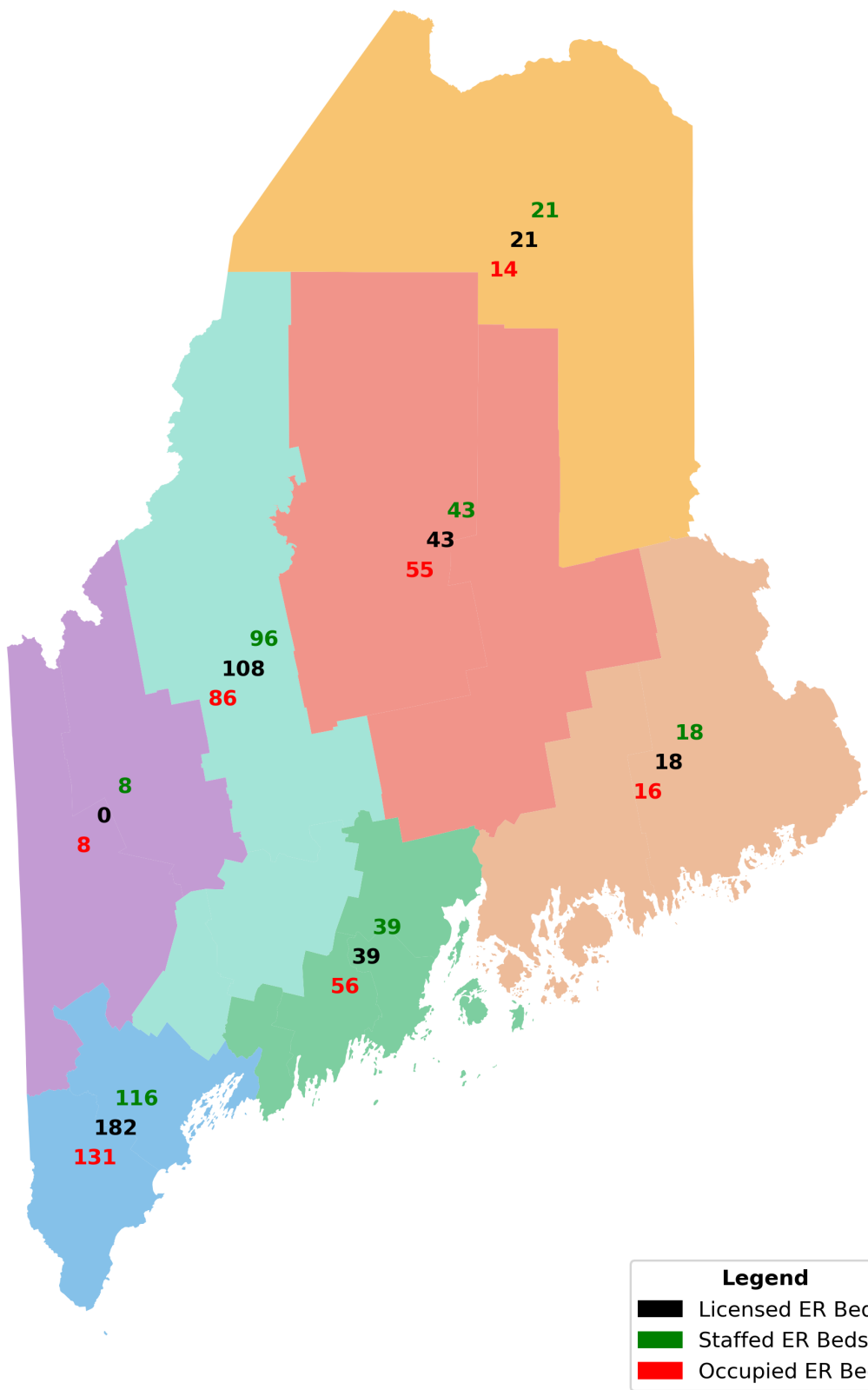
Question	Response
Number of homeless or housing unstable inpatients awaiting discharge to shelters	27
Number of patients awaiting discharge to shelters for more than 7 days	14
Number of homeless patients with behavioral health issues or SUD	34
Number of medically cleared patients awaiting discharge due to lack of transportation	9
Maximum wait time for transportation (in past two weeks)	34
Patients unable to find a bed due to lack of reimbursement for outpatient hemodialysis	3

## ***Section 3: Questions pertaining to patients stuck in the Emergency Department (ED)***

### **Emergency Department Overview by Region**

This figure offers a summary of the emergency department capacity and occupancy by region.

# Emergency Department Overview by Region: Capacity & Occupancy

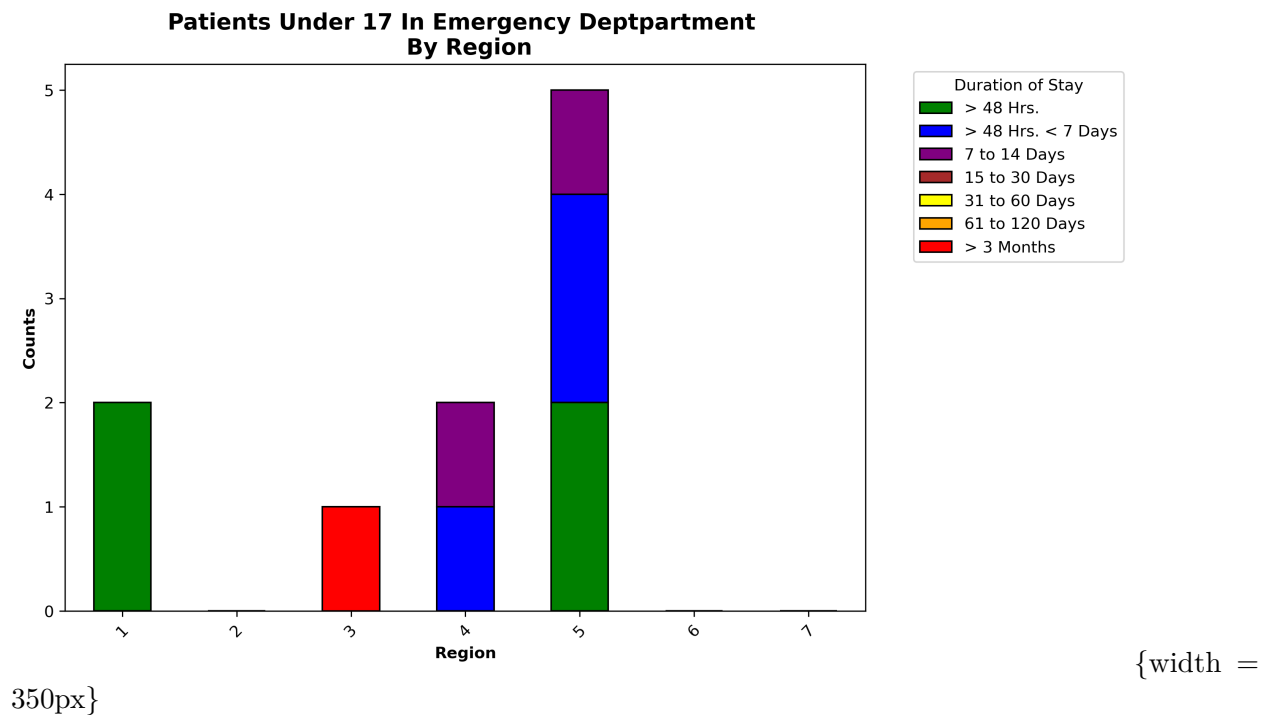


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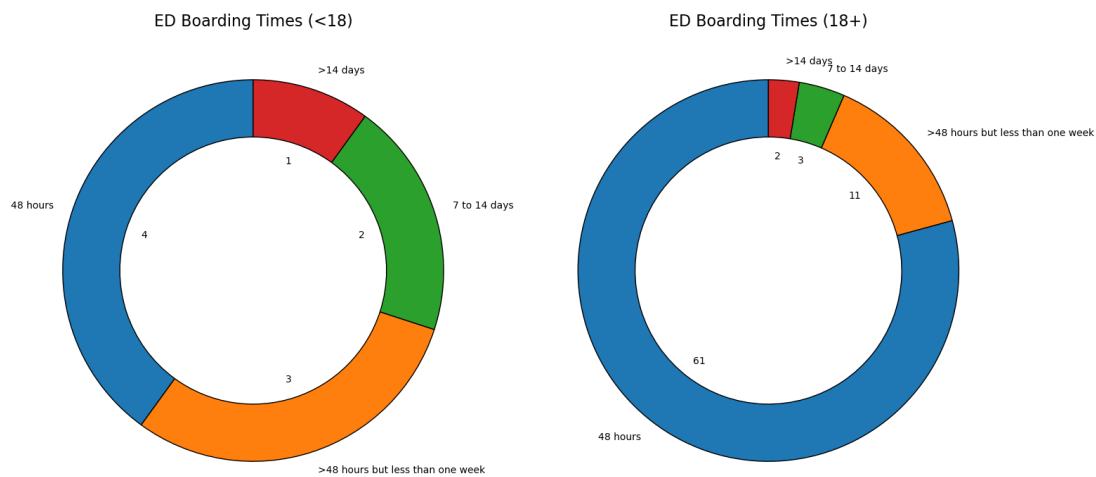
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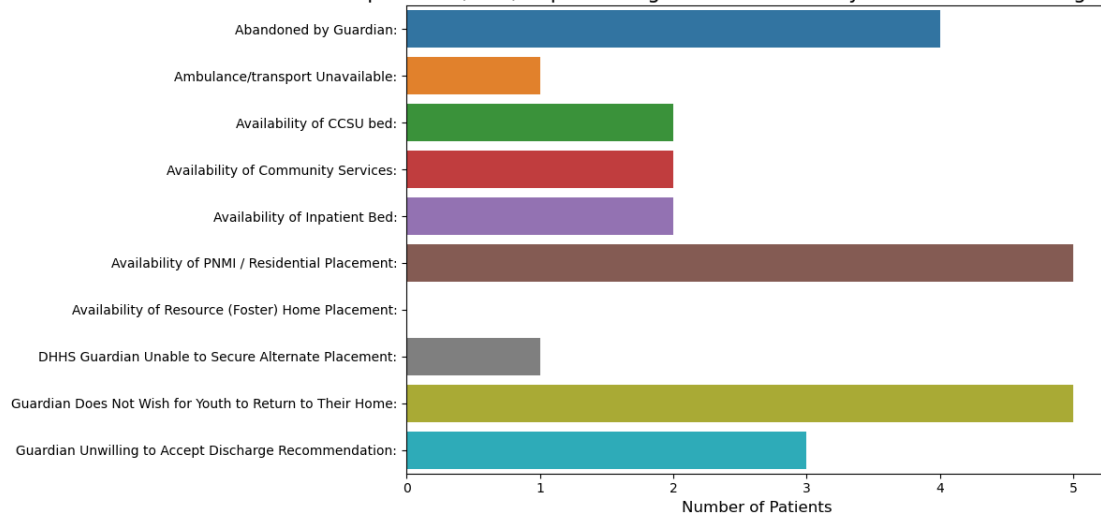
## U17 in Emergency Departments



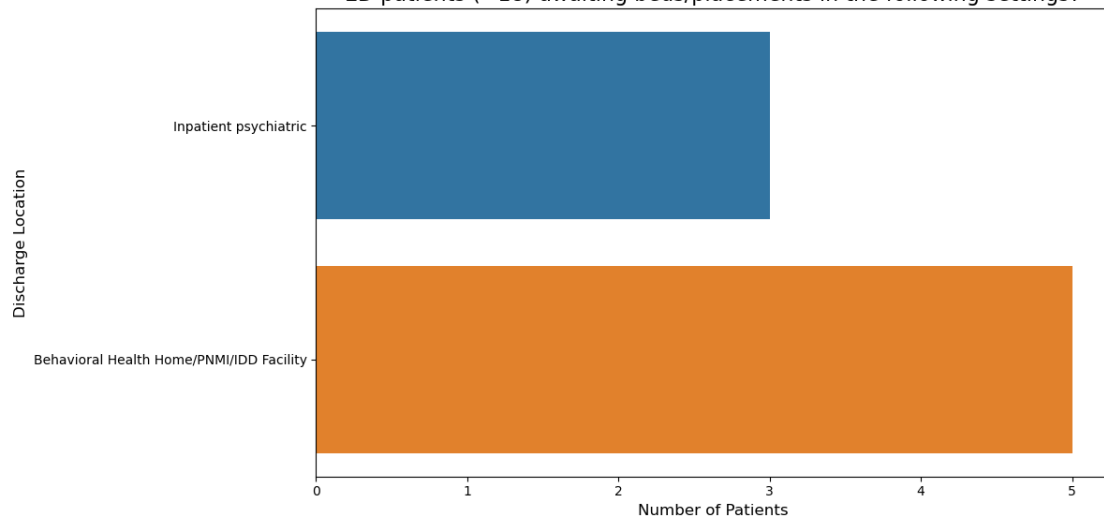
## Emergency Departments < 18

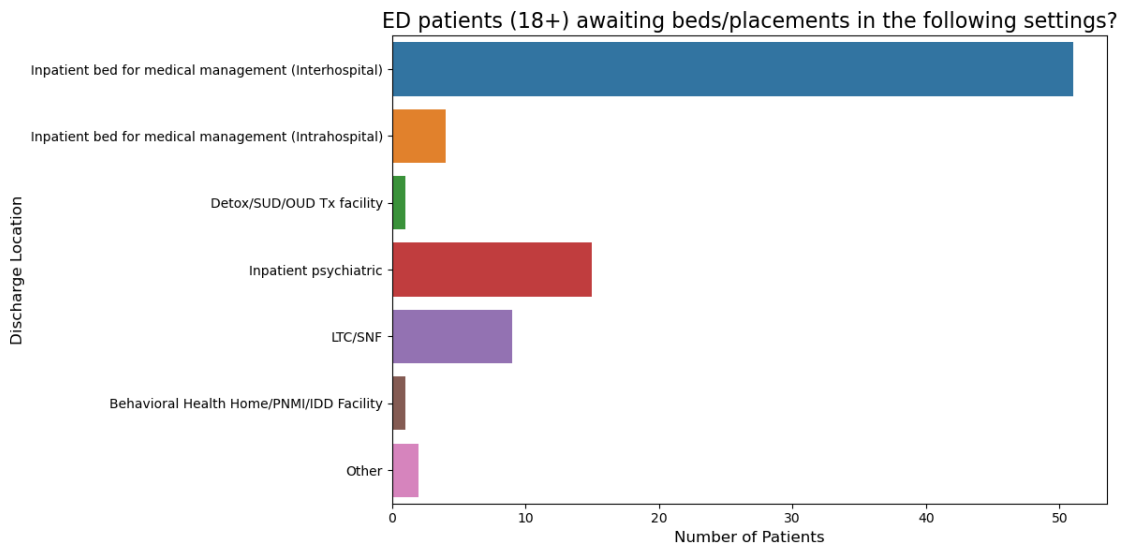
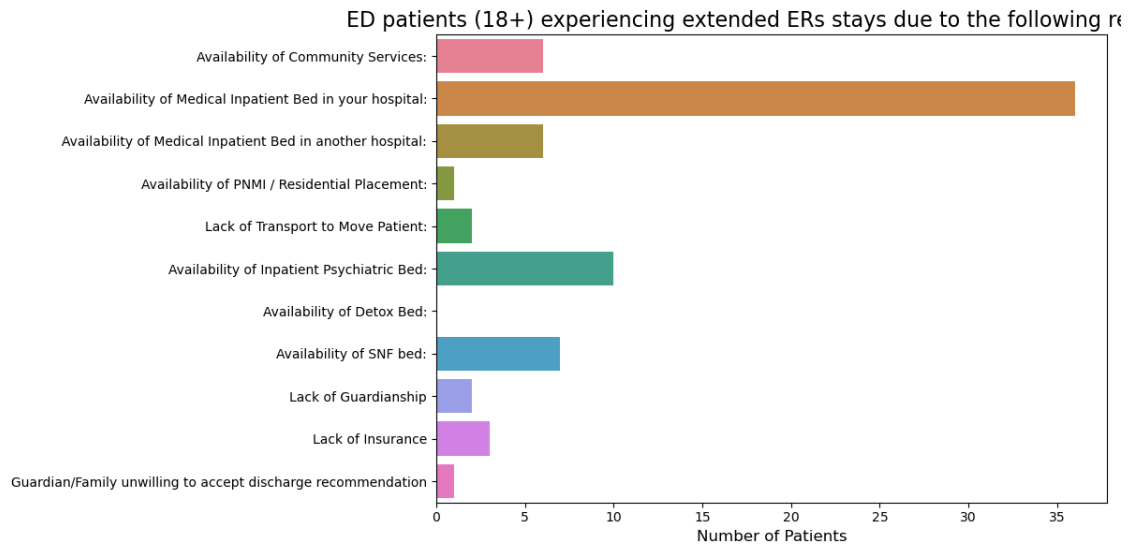


ED patients (<18) experiencing extended ERs stays due to the following reasons



ED patients (<18) awaiting beds/placements in the following settings?





## Qualitative Survey Results

### Methodology

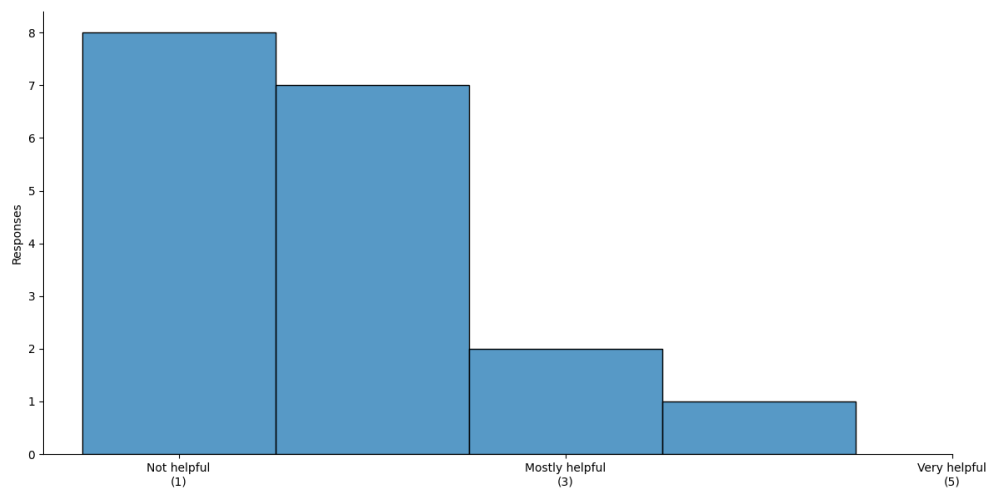
- Anonymous qualitative survey
- Open-ended responses collected verbatim
- Responses presented without aggregation

### 2.7. Transportation Strategies

1. Uber Van purchased services
2. We work closely with area EMS to provide transportation
3. Community transport-Western Maine Taxi vouchers-when Taxi service is running

4. VOUCHERS
  5. We have our own wheelchair transportation van that services Waldo and PenBay patients
  6. We are fortunate to share a transport van with Pen Bay
  7. The hospital has a (hospital owned) transport service that runs Monday-Friday during business hours. Hospital has a private ambulance contract to assist with transports.
  8. We contract for ambulance services and have ambulance onsite.
  9. we have a wheelchair van 6 days a week.
  10. We call geographically close transportation services and then reach out based on response, at times we are calling services as far away as Howland, or Northern Maine
  11. Transportation is not a barrier/gap to discharge for our current area/surrounding area, it is lack of behavioral health beds/SUD Beds/LTC. There are not long term care beds available, and SNF facilities will not accept Mainecare patients due to low reimbursement
  12. Gas cards, bus or taxi voucher, hospital van driver, family, sometimes ambulance
  13. Providing hospital paid taxi service KVCAP Unbillable EMS transports
  14. wheelchair van offerings to patients
- 

## 2.8. DHHS placement support (scale of 1 - not helpful, 3 - mostly helpful, to 5 - very helpful)



## 2.8. Comments for DHHS Support

1. We have not used DHHS to help with placement.
  2. DHHS RATHER RECOMMENDS PATIENT BE BROUGHT TO OUR ER FOR PLACEMENT.
  3. Complex case team was very helpful with out of state complex placement.
  4. DHHS brings patients to the hospital to be placed.
  5. They are not helpful, they often hinder the process.
  6. they can't make resources be available
-

## **2.9. Has your hospital used LTS Ombudsman assistance?**

Yes - 15 No - 2 Unsure - 2

### **2.9. Ombudsman assistance comments**

1. No help
  2. NO ASSISTANCE PROVIDED.
  3. They were of little assistance other than provider resources Pen Bay already had
  4. They are very nice but really little to no help other than given resources we have already tried
  5. Positive resource that assists with placement
  6. They face the same challenges as hospitals.
  7. They did help move applications along, and gave options for additional placement
  8. They closed case as they felt they could not assist
  9. Not helpful either they never have any suggestions.
  10. they can't make beds available
  11. Placement found, but it took a very long time
  12. Homeward bound program
  13. Not helpful
  14. They have not been helpful. Outcome of patient was handled by CM.
  15. Did not seem to improve timeliness of discharge
  16. variable
- 

### **2.10. Discharging to post-acute care comments**

1. LACK OF STAFFING = LACK OF BEDS AVAILABLE
2. Lack of long-term care facilities within the state. Facilities reluctant to take long term Maine Care patient secondary to the low reimbursement by the state Length of times it takes to obtain APS guardianship (4-10 months in some cases The length of times it takes for long term MaineCare to be awarded
3. Lack of housing in the coastal areas. Lack of long-term care facilities within the state The length of time it takes to establish MaineCare benefits. The length of time it takes to obtain APS guardian ship
4. Patients with traditional Medicare can be difficult to place due to the 3 MN rule. It was easier to find placements when the covid state of emergency was in-place and the 3 MN rule and authorization by MRPs was not required/temporarily suspended.
5. Weekend placements and admissions in the evening is a gap. Closures of nursing homes is very concerning. Dementia placements are needed for memory care. SUD placement or marijuana is not allowed.
6. Resources are limited and patients with behaviors are extremely challenging especially if the payor is mainecare.
7. In our region there are no SNF beds within a 2hour radius, there are no LTC beds available. Safe discharge planning is severely limited due to lack of beds and community resources. We have only one HH agency that will service a majority of our patients.
8. We are unable to place patients requiring LTC as facilities report the reimbursement is too low. Skilled patients are declined for same reasons compared to commercial/medicare.

9. Mainecare approval process is very slow.
  10. hospitalized patients should be prioritized for LTC Mainecare and guardianship
  11. Most facilities (not all) do not accept weekend admissions as staffing pars are lower. This creates a throughput slowdown and a high census opening up Monday morning almost every Monday.
  12. Mainecare reimbursement is a problem, it doesn't pay enough to ensure that facilities will accept patients
  13. There is a lack of services, lack of beds at residential programs and Crisis stabilization units, lack of staffing at community- based services, issues with reimbursement rates, Maine continues to lose behavioral health services at a time when need and acuity continue to rise, lack of support from CPS allows families to abandon children at the hospital, Maine has gaps in level of care needed to address the needs of patients (for example we don't have a Psychiatric Residential Treatment Facility [PRTF] or intensive Developmental Disorders residential program), and no Intellectual Developmental Disability residential beds.
  14. The closure of nursing homes has made it extremely difficult to place LTC patients. The residential care facilities accept patients they cannot provide care for. They dump in ED refusing to accept back. This only clogs the ED with patients that end up with long LOS.
  15. Timeliness for the facilities to secure authorization and admission could be improved, often causing delays.
- 

### **Biggest Factors affecting boarding patients. Factor 1**

1. Community Psychiatric Resources
2. Hospital inpatient beds
3. Lack of psychiatric inpatient beds and care
4. community resources
5. PSYCH BEDS
6. Lack of outpatient mental health and residential care resources
7. Increasing homelessness with lack of housing
8. Inpatient Psychiatric/Behavioral Health resources/beds in the community
9. SNF and rehab beds
10. Everyone uses the hospital as a safehaven
11. Mental Health/Psych Bed availability
12. psych beds
13. Psychiatric admissions for patients <18
14. Increased inpatient length of stay, average about 6.9 days resulting in lack of discharges and hospital wide throughput
15. Availability of open beds for acutely ill patients
16. Availability of psychiatric beds
17. lack of inpatient dialysis beds in Aroostook county- must transfer south

### **Factor 2**

1. Community elderly care , SNF,LTC
2. Psych hospital beds
3. Lack of acute beds statewide along with transportation when beds are found
4. acceptance of goals of care by family

5. MEDICAL BEDS
6. Lack of housing
7. Lack of long term care bed availability
8. SNF bed availability for a quick turnover/transition out of ED
9. Behavioral Health beds and resources
10. Lack of community resources to assist with placements
11. Higher Level of care Bed availability
12. PNMI
13. Medically complex older adult patients needing psychiatric admission
14. Lack of facilities for geriatric neurocog patients. Often board these patients for weeks/months at a time.
15. Disruptive behavior
16. Willingness of guardian to take patient home
17. lack of behavioral health inpatient beds (adult & pediatric)

### **Factor 3**

1. Hospital bed capacity
2. Families “dumping” elderly patients in ED and refusing to take home
3. bed availability local SNF
4. TRANSFER TO TERTIARY
5. Lack of long-term care beds within the state
6. Difficulty in obtaining emergency guardianship
7. Inpatient bed staffing
8. Wheelchair van and ambulance transportation
9. Mental health supports
10. Transportation Issues
11. LTC/Res Care beds
12. Patients who do not meet criteria for hospital admission, but are unable to go home (needing rehab, SNF, etc)
13. Not enough pediatric residential facilities in the state resulting. Lengthy processes for placing children in residential facilities.
14. Not enough staff
15. Lack of tertiary beds
16. violent patients with behavioral health needs